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<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		<b>Complete if Known</b>	
		Application Number	10/644,579-Conf. #5200
		Filing Date	August 20, 2003
		First Named Inventor	Connie Sanchez
		Examiner Name	Y. S. Chong
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1617	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 1,110.00	Attorney Docket No.	05432/100M919-US1

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-0100
Deposit Account Name: Darby & Darby P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						<b>Small Entity</b>	
						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
21		- 44 = 0	x	=	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
1		- 3 = 0	x	=			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
	- 100 =	/50 =	(round up to a whole number) x	=			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge): 1253 Extension for response within third month						1,110.00	

<b>SUBMITTED BY</b>			
Signature	<i>Dianna Goldenson</i>	Registration No. (Attorney/Agent)	52,949
Name (Print/Type)	Dianna Goldenson	Telephone	(212) 527-7700
		Date	July 2, 2009

Express Mail Label No. \_\_\_\_\_ Dated: \_\_\_\_\_



Application No. (if known): 10/644,579

Attorney Docket No.: 05432/100M919-US1

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM304130 891US in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Date

Signature

Typed or printed name of person signing Certificate

Registration Number, if applicable

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Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Response to Non-Final Office Action (5 pp.)  
Exhibit A (2 pp.)  
Fee Transmittal (1 p.)  
Petition for 3-Month Extension of Time (1 p.)  
Charge \$1,110.00 to Deposit Account No. 04-0100  
Return Receipt Postcard